

JONATHAN E. FIELDING, M.D., M.P.H. Director and Health Officer

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February 22, 2013

TO:

Each Supervisor

FROM:

Jonathan E. Fielding, M.D., M.P.H. Jonathan & Fielding Director and Health Officer

Director and Health Officer

SUBJECT:

UPDATE ON HOMELESS TB OUTBREAK RESPONSE EFFORTS

This is to update your Board on the ongoing outbreak investigation of tuberculosis (TB) within the homeless community concentrated in the Downtown/Metro region of Los Angeles County. Your Board was last updated on this issue in December 2012 (see attached memo).

## **Background**

These efforts are part of an ongoing investigation of a specific strain of TB among the homeless downtown that began in 2007. From 2007 to 2012, a total of 78 cases have been identified. Of these 78 cases, the majority are male, about 60 are homeless, and approximately 20% are HIV-positive. Among the 60 homeless cases, 11 have died since 2007. It is important to note that this strain of TB is sensitive to and treatable with first-line anti-TB medications.

The chart below displays the total number of TB cases in the county as well as the total number of homeless outbreak cases and deaths from 2007-2012.

|       | Total TB Cases in<br>LA County | Total TB Cases in<br>Homeless<br>Outbreak | Total TB Deaths in<br>Homeless Outbreak |
|-------|--------------------------------|---|---|
| 2007  | 816                            | 8   | 2                                       |
| 2008  | 792                            | 11  | 2                                       |
| 2009  | 706                            | 8   | 2                                       |
| 2010  | 674                            | 7   | 3                                       |
| 2011  | 680                            | 11  | 2                                       |
| 2012  | 625                            | 15  | Data not complete at this time          |
| Total | 4,293                          | 60  | 11                                      |

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TB is spread by close contact over a significant period of time. As a result of the initial investigation, DPH identified approximately 4,600 homeless clients who were present in a local shelter during the infectious period of recent TB cases at that shelter. DPH has determined that approximately 300 of these clients had prolonged exposure with active TB cases, and DPH has been actively seeking these individuals to offer screening for TB. Since the remaining 4,300 homeless clients stayed for only a brief period at the shelter, they are considered to have a very low risk of contracting TB.

## **Investigative Activities**

Since the onset of this outbreak in 2007, DPH has conducted a multi-pronged public health response to prevent additional cases of TB. DPH is continuing the contact investigations with assistance from homeless shelter operators. Confirmed TB cases and suspects associated with this outbreak have been isolated while infectious, as well as provided housing, directly observed therapy and incentives to remain compliant with treatment. High-risk contacts have been identified, evaluated and offered treatment for latent TB infection (LTBI), i.e., TB infection in the body, but not yet active TB disease. In an effort to increase completion of LTBI treatment in the homeless population, DPH has implemented a CDC-approved short-course treatment protocol for LTBI that includes Isoniazid and Rifapentine once a week for twelve weeks.

## **Activities with Key Partners**

In order to effectively respond to this outbreak, DPH has partnered and collaborated with several entities. DPH issued an alert to all Skid Row homeless shelter service providers. DPH has met with the management staff from the Los Angeles Homeless Services Authority (LAHSA), the Union Rescue Mission, the Los Angeles Mission, and the Midnight Mission to provide guidelines on TB screening and infection control measures to reduce the spread of TB in both their programs and their drop-in shelter settings. DPH has conducted shelter operator trainings to establish a cough alert protocol and referral of any suspect cases for immediate clinical evaluation. In addition, DPH is in the process of implementing TB screening for shelter clients on an annual basis with documentation in the LAHSA client registration system.

On January 23, 2013, DPH issued a Health Alert Network (HAN) to all healthcare providers in Los Angeles County with a copy to all homeless shelters. The purpose of the HAN was to advise providers on the outbreak investigation and to alert them to the symptoms, appropriate tests, and reporting procedures. To date, DPH has met with the three main healthcare providers in Skid Row (JWCH, LA Christian, UCLA) to ensure that they follow appropriate TB screening protocols. DPH has assessed these providers' current procedures for TB screening and assessed their capacity to increase screening efforts. All three providers are willing to conduct targeted and/or mass screening efforts. DPH is also planning to enter into an MOU with these healthcare providers to collaborate in the delivery of services to the homeless population, including blood screening and evaluation.

DPH has met with staff from the Department of Health Services (DHS) to discuss DHS operations for homeless TB cases, including hospitalization and the planned services in their clinic in the Skid Row area, and will continue this dialogue to assure the comprehensive care of these patients.

DPH is continuing to work with the California Department of Public Health (CDPH) and the Centers for Disease Control and Prevention (CDC) to investigate this outbreak. As a close collaborator and

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partner on infectious diseases, DPH has invited the CDC to join the investigative efforts. On March 4, 2103, a CDC Epi Aid Team, consisting of eight members from the Division of TB Elimination Outbreak Investigation Team, will be coming to Los Angeles County for about three weeks to expand the investigation surrounding the homeless TB outbreak.

DPH has also had contact with local municipal agencies that have employees located in the Skid Row area such as the Los Angeles Police Department. DPH will continue to educate and provide outreach to local agencies on TB and the ongoing investigation.

As this investigation progresses, we will continue to keep your Board updated. If you have any questions or would like additional information, please let me know.

Attachment

JEF:dd:rkf

c: Chief Executive Officer County Counsel Executive Officer, Board of Supervisors



JONATHAN E. FIELDING, M.D., M.P.H. Director and Health Officer

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www.publichealth.lacounty.gov

December 17, 2012

·TO:

Each Health Deputy

FROM:

Jonathan E. Fielding, M.D., M.P.H Director and Health Officer

SUBJECT:

HOMELESS TUBERCULOSIS SCREENING

This is to advise you of upcoming tuberculosis (TB) screening that will be occurring in the Skid Row/Central City East area of downtown Los Angeles in early January 2013. Recently, there has been a steady increase in the number of TB cases among homeless in this area. Testing of these cases has revealed a common genotype (DNA) among a significant percentage of homeless TB cases.

Attached is a graph indicating the TB cases in Los Angeles County from 1992 through 2011, including a line graph of TB among the homeless during that time period. While the overall case numbers remain low, we need to assure that this population is adequately screened and tracked to prevent further exposure to any active cases that may be found.

We are working with the Los Angeles Homeless Service Authority (LAHSA), shelter operators, local provider clinics and hospitals, and the City of Los Angeles Office of Public Safety to review the status of TB among the homeless in this area. In addition, DPH will provide these agencies with recommendations and assistance regarding the screening and reporting of clients that present with symptoms of TB.

We will continue to update you as we proceed with these efforts. If you have any questions or would like additional information, please let me know, or you may contact Deborah Davenport, Director of Community Health Services, at 213-240-8009.

JEF:dd

Attachment

c: Sheila Shima Richard Mason Cynthia A. Harding Deborah Davenport



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